



State of Hawaii
Premium Conversion Plan
Domestic Partnership Acknowledgement Form

If you are eligible to enroll your domestic partner in your Health Plan for Family coverage, *and* you would like to enroll in the **Premium Conversion Plan (PCP)** to have your Health Plan premium contributions deducted from your paycheck on a pre-tax basis, please check one of the boxes below to indicate whether you want the **PCP** pre-tax benefit to be used for just the **Self** amount of your contributions which applies to you only, or for the entire **Family** amount of your contributions which applies to both you and your domestic partner.

- ☐ Please enroll me in the PCP so that only the amount equivalent to the **Self** Health Plan premium contributions can be paid using **pre-tax** payroll deducted monies to the extent permitted. I understand that the difference between the Self and Family premium contribution amounts will be paid with **after-tax** payroll monies.
- ☐ Please enroll me in the PCP so that the full amount of my **Family** Health Plan premium contributions can be paid using **pre-tax** payroll deducted monies to the extent permitted. My domestic partner is a **qualified dependent**, as defined under Section 152 of the Internal Revenue Code (IRC). **IMPORTANT: I understand that I will not be able to change or cancel my PCP enrollment during the plan year if there should be any changes with regard to my domestic partner and that this is because another section of the IRC which governs the PCP (Section 125), does not recognize domestic partner relationships. As such, I understand that I will only be able to change or cancel my PCP enrollment during the annual PCP Open Enrollment Periods.**

I also understand that **each** of the following requirements must be met for my domestic partner to be considered a **qualified dependent** under Section 152 of the IRC:

1. My domestic partner and I must live together for the full taxable year from January 1 through December 31, except for temporary absences for reasons such as vacation, military service, or education.
2. My domestic partner must be a citizen or resident of the United States.
3. My domestic partner must receive more than half of his/her support from me. {Note: The rules for determining support are complicated and are more involved than just determining who the "primary breadwinner" is. To help you determine whether you provide more than half of your domestic partner's support, an IRC worksheet is attached for your reference.}

Print Name

Department

Phone No.

Employee's Signature

Date

WORKSHEET TO DETERMINE DEPENDENT STATUS

(Worksheet modeled after the Internal Revenue Service worksheet in Publication 17)

IMPORTANT

You can use this worksheet to determine whether your domestic partner qualifies as a dependent under Section 152 of the Internal Revenue Code (in general, your domestic partner must receive more than half of his or her support from you).

Funds Belonging to your Domestic Partner	
1. Total funds belonging to your domestic partner, including income received and amounts borrowed during the year, plus the amount in savings and other accounts at the beginning of the year.	\$
2. Amount of income used for support	\$
3. Amount of income used for other purposes	\$
4. Amount in savings and other accounts at the end of the year.	\$
(The total of lines 2, 3, and 4 should equal line 1)	\$
Expenses for Entire Household (Where You and Your Domestic Partner Lived)	
5. Lodging (complete either a or b)	
a. Rent paid	\$
b. If not rented, show fair rental value of home. If your domestic partner owned the home, include this amount on line 19.	\$
6. Food	\$
7. Utilities (heat, light, water, etc., not included on line 5a or 5b)	\$
8. Repairs (not included in 5a or 5b)	\$
9. Other (i.e., furniture). Do not include expenses of maintaining home (i.e., mortgage interest, real estate taxes, and insurance).	\$
10. Total household expenses (add lines 5 through 9)	\$
11. Total number of persons who lived in household	
Expenses for Your Domestic Partner	
12. Each person's part of the household expenses (line 10 divided by line 11)	\$
13. Clothing	\$
14. Education	\$
15. Medical and Dental	\$
16. Travel and recreation	\$
17. Other (please specify)	\$
18. Total cost of support for the year (Add lines 12 through 17)	\$
Did You Provide More Than Half?	
19. Amount your Domestic Partner provided for his/her own support (Line 2, plus line 5b if your domestic partner owned the home)	\$
20. Amount that others added to your domestic partner's support. Include amounts provided by state, local, and other welfare societies or agencies. Do not include any amounts included on line 1)	\$
21. Amount you provided for your domestic partner's support (line 18 minus lines 19 and 20)	\$
22. 50% of line 18	\$
Is line 21 more than line 22? Yes. Your domestic partner qualifies as a dependent under Section 152 of the IRC. You are able to deduct your domestic partner's portion of health plan premium contributions on a pre-tax basis. No. Your domestic partner does not qualify as a dependent. Your domestic partner's portion of health plan premium contributions must be deducted on an after-tax basis.	